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ABSTRACT

This document defines clinical supervision as an intensive, interpersonally-focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person. Ways in which supervision is similar to, and different from, therapy are explained. The following stages in the clinical supervision process are outlined: (1) establishing a working relationship; (2) assessing the supervisee's skills; (3) establishing learning goals and a contract for supervision; and (4) selecting interventions and evaluating progress. Ideas are presented to help the supervisor work through each of the four stages. The section on stage 2, assessing the supervisee's skills offers ideas for assessing performance counseling skills, cognitive counseling skills, and the supervisee's developmental level. The section on stage 4, selecting interventions and evaluating progress presents ideas for a number of supervision interventions, including self-reports, self-reports compared to actual sessions, audiotapes and videotapes, microtraining, interpersonal process recall, modeling, role playing, live observation, and live supervision. Evaluation methods described include the portfolio method, the individualized learning program, microcounseling procedures, self-supervision, and supervisor monitoring. Relevant materials for supervision are appended. (NB)

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THE CLINICAL SUPERVISION PROCESS

by

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CLINICAL SUPERVISION

DEFINITION:

An intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person.

SUPERVISION PARALLELS THERAPY in that it follows the same sequential stages:

1. Establish a working relationship
2. Assess (supervisee's) skills
3. Agree to a contract for the conduct of (supervisory) sessions and establish learning goals (for supervisee)
4. Select interventions and evaluate progress towards goals

BUT FOUR (4) IMPORTANT DISTINCTIONS BETWEEN SUPERVISION AND THERAPY

1. 1st priority (of supervisor) must be to insure the welfare of the client (even if not most facilitative interventions for development of supervisee)
2. supervisor/supervisee relationship is authoritative in nature in that supervisor held accountable to evaluate the performance of the supervisee
3. purpose of self-exploration in supervision must always be related directly to enhancing treatment of client rather than (as in therapy) clearing up barriers within supervisee's personal functioning that are unrelated to work with client; which leads to
4. supervision is not equal to personal therapy (must refer when find student has personal issues needs to work on)

THE CLINICAL SUPERVISION PROCESS: ISSUES, STAGES AND INTERVENTIONS

Stage 1: ESTABLISHING A WORKING RELATIONSHIP (preferably before supervisee sees clients; important to demonstrate respect for supervisee)

Ideas:

1. ask student to describe:
   a. previous experiences in supervision
   b. preferred counseling approaches
   c. preferred supervision approaches
2. describe your supervision style

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3. clarify expectations about supervision (written or verbal contract) might include:

   a. how frequently you will meet, how long and where?

   b. how will you use audiotapes,videotapes, casenotes, etc. in supervision?

   for example

   -review one tape together, take 2 to review yourself between sessions

   -will tapes reviewed "in session" be on same or different clients?

   -how should supervisee prepare a tape for "in-service supervision - preselect segments, complete a standard evaluation form?

4. What structure or procedure will you follow each supervision session? Will you begin with:

   a. a brief review of each client?

   b. an audiotape? or

   c. the supervisee's specific requests/questions?

5. how will you handle emergencies (i.e. suicidal clients)?

   a. how can supervisee reach you?

   b. what does supervisee do if you are unavailable?

6. how will supervisee be evaluated?

   a. what criteria will be used?

   b. will you be responsible for assigning a grade? (what percentage of full course grade will this be?)

   c. will you write a narrative of strengths and areas for improvement?

   d. will you complete a standard evaluation form provided by college program? (for example, weekly CPS individual Supervision Session Log and cumulative CPS standard evaluation form)

   e. will there be a midterm (formal or informal) evaluation?

7. with what type of clients will supervisee work?

   a. who does screening?

   b. can supervisee express preferences?

   c. what if there is an insufficient number of clients to provide supervisee with enough experience to fulfill practicum or internship requirements; what alternative arrangements will be made?

8. If you are college-based (small group) supervisor, when will you be visiting the supervisee's field site

   a. how will visit be set up and confirmed?

   b. what will you do on these visits?

   c. how will the supervisee need to prepare for your visit?

   d. how should last minute cancelations be handled?

STAGE 2: ASSESS (SUPERVISEE'S) SKILLS

- initial assessment will likely span several supervisory sessions
- should include both your evaluation and supervisee's self-evaluation
- will serve as a basis for a joint statement of Learning Goals for Supervision
- 3 general areas of assessment

  a. Performance Counseling Skills
  b. Cognitive Counseling Skills
  c. Developmental Level

1st Assessment Area: Performance Counseling Skills

refers to what counselor does during a session - his/her behaviors and procedural skills including basic helping or facilitative skills (i.e. warmth, genuineness, concreteness, self-disclosure, opening and closing a session) theoretically based techniques (i.e. 2 chair exercise, systematic desensitization), and issue specific techniques (i.e. assessing lethargy of suicidal clients)

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Ideas: Ways to Assess Performance Counseling Skills

1. ask supervisee to tape an initial session to review together during your next meeting or for you to review beforehand

2. meet with supervisee just prior to and following first (1st) counseling session, then observe or even sit in on 1st session

3. roleplay counseling session with supervisee

4. rating scales of basic skills - use for baseline assessment, ongoing evaluation and final evaluation to measure growth

2nd Assessment Area: Cognitive Counseling Skills

refers to how counselor thinks about the client and chooses interventions - conceptualization skills (i.e. how to sort through and integrate client information and how to form effective clinical hypotheses)

Ideas: Ways to Assess Cognitive Counseling Skills

1. contents of initial casenotes - one indication (notice if they focus only on the client or if they include observations of own behaviors and counselor-client interactions)

2. review tape of an earlier counseling session with supervisee and ask him/her to do "in session" processing of specific interventions using the following series of questions

    a. what was I hearing my client say and/or seeing my client do?

    b. what were my alternatives to say or do at this point?

    c. how did I intend to proceed with my selected response(s)?

3. use adaptation of Interpersonal Process Recall (IPR) where supervisor reviews videotape of counseling session with supervisee, asking latter to describe underlying thoughts, feelings and intentions during session

    a. supervisor functions as an "inquirer," facilitates recall of thoughts and feelings and discourages critical self-evaluation.

    b. by using IPR with early session - may glean clues regarding what client data supervisee does and does not attend to and how data is employed in making decisions about interventions

4. supervisee could complete a case conceptualization for an initial client

3rd Assessment Area: Developmental Level

refers to premise that regardless of counselor theoretical orientation, counselor/supervisee goes through a series of sequential hierarchial growth stages

Ideas: Way(s) to Assess Developmental Level

There are several different models for assessing the developmental level of supervisees, so I am going to focus on, and provide you with, a 1982 Counseling Psychologist monograph by Loganbill, Hardy and Delworth pertaining to a model that is currently receiving extensive attention in (our) clinical supervision literature (see Form A and Appendix)

This Supervision Model:

1. hypothesizes 3 stages of supervisee development (See Appendix Form A), but

2. recognizes supervisee's development as a counselor is more intricate and complex than a single 3 stage model suggests, so

3. it (model) goes on to identify 8 key supervision issues (see Appendix Form B), and

4. suggests a supervisee will be in one (of 3) stage(s) of functioning for each of these 8 issues (see Appendix Form B)

In effect, this developmental model draws together performance, cognitive and developmental level data so that clinical supervisor is now ready to move on to **Stage 3: Establish Learning Goals and Contract (for Supervision)**

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STAGE 3: ESTABLISH LEARNING GOALS AND CONTRACT (for Supervision)

Reminder: Learning goals should be specific, observable and broken down into realistic, measureable action steps

Idea(s): Prioritization and Selection of Learning Goals

1. Start with 8 Developmental Issues, add others as needed

2. Determine Stage 2 (Confusion) Issues, since tend to be most obvious

3. Determine Stage 1 (Stagnation) Issues - those that are relatively dormant; supervisee's "blind spots"

   Note: supervisors - watch not drawn into same "blind spots"

4. Survey remaining Issues - should be those in which supervisee is in Stage 3 (Integration), then monitor and reinforce to enhance growth

5. Decide which Stage 1 (Stagnation) Issues need to move into Stage 2 (Confusion)

   Note: since emotionally draining and intense - gauge number (of issues) can work on at one time and which most important to work on first.

6. Decide which Stage 2 (Confusion) Issues need to move forward to Stage 3 (Integration) and which (issues) supervisee could benefit more from by continuing to experience conflict of Stage 2

   a. guard against premature capping

Once Learning Goals and contract determined, then move to Stage 4: Select Interventions and Evaluate Progress (toward goals)

STAGE 4: Select Interventions and Evaluate Progress (toward goals)

Reminder: select interventions that complement supervisee's preferred approach to learning and feedback styles to enhance involvement and development - i.e. some supervisee's respond best to warmth, praise and support; while others prefer a more objective critique of performance.

Ideas: Supervision Interventions

1. self-reports - supervisee reports verbally on own behavior, thoughts and feelings during a session and then on clients' responses

   -can tend to be unreliable because of supervisee's blind spots, but can be improved upon by #2 below

2. self-reports compared to actual session - via audio or videotapes, live observations, live supervision

3. audio and videotapes

   a. preselected portions - that illustrate attempts to implement specific goals

   b. opening, middle and closing portions - to get overview of entire process

   c. dual channel approach - concurrently record counseling session on one channel and supervisor comments on another or - record comments on videotape (dubbing) or on separate tape that can be replayed concurrently

4. microtraining - identifiable skills isolated and taught one at a time (good with person who has a specific skill deficit)
   -each skill presented step by step combining several teaching methods (lecture, manuals describing skill, observation of videotapes, peer and supervisor feedback)

5. Interpersonal Process Recall (IPR) - developed to stimulate recollections of thoughts and feelings during a counseling session - 3 versions

   a. supervisor debriefs client by encouraging him/her to stop the videotape and discuss unexpressed feelings, thoughts and perceptions then the supervisee reviews an audiotape of this "recall" session before meeting with the supervisor

   b. supervisor conducts "recall" session with counselor (supervisee) alone

   c. supervisor conducts "recall" session with client and counselor (supervisee) together

   In each version, supervisor's role is facilitative, not judgmental, yet confrontative by asking questions such as:

   a. was there anything you wanted to say, but couldn't find the "appropriate words" or

   b. how did you want the other person to perceive you?

6. modeling - types

   a. live audio and videotape models, followed by guided rehearsal of skill and reinforcement by supervisor

   b. supervisor models skill, procedure or processing

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7. roleplaying - types

   a. supervisee assumes client role, supervisor models intervention

   b. supervisor assumes client role, supervisee rehearses new skill or intervention

   c. supervisee as counselor - practices responding to different simulated client types (i.e. resistent, sucidal)

   d. puzzling portions of counseling session roleplayed and try alternative responses

   e. role reversals

8. live observation - using one way/two way mirrors,

   a. supervisor observes session as it occurs and gives supervisee feedback immediately afterwards

   b. supervisor and group of supervisees observe session and supervisor processes ongoing session with supervisees

9. live supervision - differs from live observation in assumption supervisior will intervene to redirect counseling session; some supervisors interrupt only as needed, others prefer supervisee to leave room at approximately same time each session (i.e. after 20 minutes) to discuss session with supervisor. 3 methods of intervening

   a. bug in the ear

   b. telephone/intercom

   c. simple knock on door/window

Interruptions should be brief and concise - take form of "directives" that are behaviorally concise (i.e "pursue the wife relationship")

IDEAS: WAYS TO EVALUATE

1. Portfolio method - folder that demonstrates competencies, including

   a. self-assessments

   b. audiotapes of counseling session with self and supervisor feedback

   c. case studies

   d. session notes demonstrating case conceptualization

   e. written reports of clients

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2. "individualized learning program" - file that includes goals statements, action plans and evaluations generated over the semester

3. microcounseling procedures - ex. typescript of a session scored using micro-counseling taxonomy - count number of times a specific type of response was used

4. self-supervision - series of sequential steps and questions supervisee asks self as recycles through procedure

   a. self-observation

      1. what was I hearing my client say and/or seeing my client do?

      2. what was I thinking about my observations?

      3. what were my alternatives to say or to do at this point?

      4. how do I choose from among the alternatives?

      5. how did I intend to proceed with my selected responses?

      6. what did I actually say or do?

   b. self-assessment

      1. what effects did my response have on my client?

      2. how then would I evaluate the effectiveness of my response?

5. supervisor monitoring - via

   a. case notes summarizing

   b. issues supervisee presented

   c. results of supervisee's attempts to put goals into action

   d. evaluation of tapes or live observations of supervisee's interventions and progress with client

   e. supervisee's plan for next session(s)

APPENDIX

FORM A

STAGE ONE: STAGNATION

Descriptive Characteristics

1. Two major characteristics, stagnation and unawareness.
2. For beginning supervisee, stage characterized by a naive unawareness of any difficulty or deficiency.
3. For more experienced supervisee, stage characterized as "stuckness" or stagnation.
4. Supervisee experiencing a blind spot.
5. Along with unawareness comes naive sense of security.
6. Stage also characterized by simplistic black and white thinking.

Attitude Toward The World

1. Very narrow and rigid thought patterns.
2. Supervisee tends to think in terms of a problem-solution format that allows no room for creativity.
3. Only one narrow way to define the problem and only one possible format for the solution.

Attitude Toward The Self

1. Attitude toward self may take on one of 2 characteristics.
   a. First, low self-concept; very strong dependency on supervisor; devalues own innate capacities and relies unduly on supervisor.
   b. Secondly, may think functioning perfectly well due to lack of awareness.
2. Supervisee may characterize his/her own actions as mechanical in nature.

Attitude Toward The Supervisor

1. May take on two different tones in this stage.
   a. May exhibit extreme dependence-in this case supervisor is idealized and viewed as all-knowing, omnipotent figure.
   b. A second pattern for supervisee, although supervisor may be viewed as omnipotent in general, may also be viewed as unnecessary, or somewhat irrelevant to issue student dealing with.

Value/Implications

1. period of latency or rest; supervisee isn't experiencing any emotional drain or conflict so can direct emotional energy elsewhere
2. relative stability of Stage One along some issues can provide security when supervisee engaged in State Two turbulance in other issues
3. at beginning of supervision process be careful not to rely too much on supervisee input with regard to joint goal setting because student may still be unaware of and unable to grasp/understand all areas in which development is needed
4. Since student is dependent on, and looks to, supervisor for "the answer" or treats supervisor with neutral indifference, not defensiveness or hostility, you have receptive climate to encourage experimentation and raise awareness.

STAGE TWO: CONFUSION

Descriptive Characteristics

1. instability, disorganization, erratic fluctuations, disruption, confusion and conflict
2. supervisee experiences desperate seeking of equilibrium; ambivalence

Attitude Toward The World

1. no longer views world in simple black/white problem-solution orientation
2. supervisee may be troubled, solution package no where in sight
3. in contrast to stage one naiveness-supervisee knows something is wrong

Attitude Toward The Self

1. reflects general confusion, ambivalence
2. likely to fluctuate between feelings of failure and imcompetence to feelings of great expertise and ability

Attitude Toward The Supervisor

1. becomes apparent to supervisee that golden answer not going to come from supervisor after all, so
2. anger and disappointment quickly replace dependency
3. supervisor alternately thought to be
   a. magical, all-knowing person who's simply withholding knowledge, or
   b. incompetent or inadequate person who has failed to come through

Value/Implications

1. for all the disorganization at this state there still are some positive aspects-i.e. old ways of behaving and thinking have been shattered and this creates an opportunity to replace same with fresh, new perspective
2. View state in terms of sign of growth not impending failure. Since old patterns are out of the way there's now room for new learning to occur.
3. Don't join in on surface panic and flurry on nonproductive behaviors; back off and encourage peer input.

STAGE THREE: INTEGRATION

Descriptive Characteristics

1. often very welcomed transition to Stage 3, calm after storm
2. reorganization, integration, new cognitive understanding, flexibility

Attitude Toward The World

1. supervisee begins to realize problems and conflicts can be coped with, perhaps from a new and more creative angle
2. supervisee able to look ahead, sense of direction
3. acceptance of bad as well as good parts

Attitude Toward The Self

1. solid, realistic view of self and competencies possessed
2. awareness of strengths and weaknesses
3. neither frightened by, nor feels guilty for, weaker areas

Attitude Toward The Supervisor

1. clear, reasonable view of supervisor
2. seen as neither magical omnipotent person, nor irrelevant and incompetent
3. seen as whole person with stronger and weaker areas
4. expectations re: what possible to obtain from supervision more realistic

Value/Implications

1. Stage is stable, but stability is much less rigid than stability of Stage One.
2. There is a lot of flexibility and allowance for continued growth so experiences are being accurately symbolized and continually and freshly valued.
3. Supervisee knows self, not frightened nor guilty about underveloped areas and has sense of confidence can/will develop these.
4. Supervise able to take active responsibility for content and process of supervisory sessions and willing to use environment, supervisors and ongoing introspection and feedback to achieve growth.

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FORM B

Critical Issues In Supervision

	Stage One Stagnation	Stage Two Confusion	Stage Three Integration
1) Issues of Competence (Ability To Use Skills and Techniques in Order To Carry Through The Treatment Plan)	-Limited skills or -Several skills but style of execution may be rigid and inflexible	-Seeks additional skills or -Tries to execute new techniques without really understanding or being familiar with -No sense of personal ownership	-Number of skills acquired & integrated & sense of ownership -Able to continually obtain new skills and competencies and adept at experimenting or or fitting old competencies to new situatiens
2) Issues of Emotional Awareness (Ability To Be Aware Of and Effectively Use Own Feelings Within The Therapeutic and Supervisory Dyad)	-Unaware of feelings or may reject or deny because incongruous with stereotyped counselor role of "nice" or "warm" -Particularly vulnerable in 3 areas a) feelings of frustration & anger b) feelings of inadequacy & powerlessness c) feelings of intimacy, closeness or sexual attraction towards client	-Feelings are gradually or suddenly raised into conscious awareness -Students confused, alarmed and afraid will lose control of their emotions and damage client and/or -That they'll become dysfunctional and useless & may -Vent anger & try to rid selves of feelings or avoid further interactions with client (may want to refer or terminate)	-Realize feelings don't equal behavior, can experience feeling and still maintain control over expression -Learns to value awareness of feelings for information they they provide and -Able to tune into and use selves in therapeutic dyad

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	Stage One Stagnation	Stage Two Confusion	Stage Three Integration
3) Issues of Antonomy (Sense Of One's Own Choices and Decisions; Independence; Self-Directedness)	-Very dependent on supervisor -Want prescriptive intervention from same -Continually asks for advice or "right way" to handle or -May be threatened by and want to avoid or counter influence of "omnipotent supervisor	-May be one of most turbulant for student & supervisor -May fluctuate between dependency and counter-dependency -Becomes confused re: what can/ cannot do -Often intense content issue masks core autonomy" issue (i.e. student may counter supervisors' suggestions; offer rationalizations or (if passive) have continual problems with tape recorder	-Student gains more differentiated understanding of areas where can be more independent & those where still needs help & starts to see supervisor more as a consultant
4) Issues Of Identity (A Well-Integrated Theoretical Identity; Theoretical Consistency; Conceptional Integration)	-Unaware of need for integrated sense of theoretical identity -Theoretical identity may be scattered & fragmented or a naive intellectual adherence to a specific theory -Difficulty articulating what is being done with client or	-Becomes confused, feels need to have theoretical identity & need may drive person to make theories fit -May attend workshops or attach self to every "pop" psych fad that comes along	-As gains experience, a common thread of of identity should begin to emerge (this may reflect one theoretical orientation or eclectic) but common thread of understanding runs consistently from client to to client

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		Stage One Stagnation	Stage Two Confusion	Stage Three Integration
		-May have categorical theoretical identity that isn't flexible enough to cover all situations -May try out a lot of theories but no real attempt to own any		
5)	Issues of Respect For Individual Differences (Tolerance; Non-Judgmentalness; Acceptance of Others)	-Most obvious manifestation of problems here supervisee becomes negative or critical of client -Watch for "isms"--race, sex, age because student may be unaware of actions & very damaging to client	When student becomes aware of disrespect may vehemently deny any prejudice and/or may feel extremely guilty & may inhibit all behavior & lose trust in self to prevent such prejudice	Aware of limitations & seeks to educate self and develops way to check out/guard against inadvertent biases
6)	Issues of Purpose and Direction (Setting Goals; Direction In Counseling; Appropriate Long-Term or Short-Term Goals)	-Counseling style with no direction or goals -May simply follow client's lead or be letting client ramble or -May develop similar treatment plan for all clients regardless of their concerns	-Gains awareness progress not being made Confusion may be compounded by fact s/he doesn't have clear picture of what goals are practically possible -May scramble & lead client toward a dozen different goals at once or may develop too grandiose a treatment plan	-Learns more re: capacity to change & appropriateness of goals -Feels comfortable with accepting some maladjustive behavior and able to "let" go" of trying to to change client in these areas

		Stage One Stagnation	Stage Two Confusion	Stage Three Integration
7)	Issues of Personal Motivation (Understanding of Own Personal Motivations Within Profession; Reward Satisfaction)	Either unaware of own motives (intimacy, power, financial personal growth, intellectual, altruism) or aware of some but not significant others (i.e. power)	-Becomes aware of unhealthy motives & frightened or ashamed that s/he is meeting own needs thru client and -May try to inhibit all behavior in reaction	Aware of own motives & channels them constructively & any unhealthy motives under conscious control of supervisee
8)	Issues of Professional Ethics (Comprehensive Understanding of Ethical Guidelines and Ability To Internalize and Integrate Into One's Practice)	May be unaware of certain ethical concerns or may have cognitive adherence to certain principles but no opportunity to operationalize and/or may have "blind spots" re: ramifications within some cases	Student experientially confronts ethical dilemna and feels pulled to deal with it successfully	Reaches greater understanding of depth of factors involved and/or compromise which must be made and carries inner sense of ethics & values which is flexible & applicable to to any situation that may arise

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